



Division of the  
**State Architect**

CALIFORNIA DEPARTMENT OF GENERAL SERVICES

FORM

**DSA-190**

Revised 08-12

## Application for Certification of Excess Flow Automatic Gas Shutoff Valve (EFV)

Certification form to be completed for each valve by the manufacturer of the automatic gas shutoff valve.  
Submit completed form, with a \$1,000 certification fee for each valve (payable to Division of the State Architect) to:  
Division of the State Architect, 1102 Q Street, Suite 5100, Sacramento, CA 95811-6550, ATTN: Raghubir P. Gupta.

### 1. Applicant Information

Manufacturer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Application is hereby made for certification of \_\_\_\_\_

Valve Model Number \_\_\_\_\_ Valve Size \_\_\_\_\_

FOR DSA USE ONLY
Certification No. _____

### 2. Testing

Testing Laboratory \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Verification Number (Qualified Testing Laboratory) \_\_\_\_\_

Test Report Number \_\_\_\_\_ Date Tested \_\_\_\_\_

Tested By (Qualified Testing Person) \_\_\_\_\_ Title \_\_\_\_\_

### 3. Production Inspection

Inspection Service Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Verification Number (Qualified Inspection Service Agency) \_\_\_\_\_

Inspection Schedule \_\_\_\_\_

### 4. Proposed Label

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_